Proactively Addressing Conflict in Registrar Placements

For GP supervisors and practice managers

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

About this guide

The purpose of this guide is to support GP supervisors and practice managers to minimise and manage conflict with registrars engaged in general practice training.

This guide is designed to signpost the most common sources of conflict in general practice training and offer strategies to prevent, minimise, and manage them to enhance the placement experience.

We begin by identifying the top ten sources of conflict in general practice training. We follow this with a detailed exploration of each source of conflict, organised into three themes; employment factors, psychosocial factors, and interpersonal factors.

We offer a workflow timeline to prevent conflicts from occurring and strategies for managing conflict as it arises. Some of these solutions are drawn from GPSA best practice guides and others come from external sources, such as Fair Work Australia.

A portion of this guide is dedicated to identifying, communicating, and managing expectations; your own and others. We encourage GP supervisors and practice managers to include discussion about expectations in their induction processes for registrars.

Finally, we include links to a range of resources that we have curated to minimise and manage conflict in general practice training.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.

Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term "GP" is taken to mean "RG" throughout

How to use this guide

Step 1:	Be aware of the top ten sources of conflict. (page 6).
Step 2:	Consider the three themes for common conflicts and when you might address such issues (page 7).
Step 3:	Identify the top three tasks to manage and prevent conflict (page 9). Implement the respective tools: • 'Before the registrar starts' checklist (Appendix A) • 'Expectation management checklist and agreement (Appendix B) • 'Performance and pastoral care discussion' template (Appendix C)
Step 4:	Understand that conflict often stems from misaligned expectations between the registrar and the supervisor or practice manager. Enhance your identification, communication, and management of expectations, across all aspects and tasks associated with the supervision and employment of registrars (page 8-15).
Step 5:	Delve further into the top ten sources of conflict, review scenarios, examples, and top tips which provide best practice solutions for preventing and managing specific instances where conflict arises (page 16-36).

Contents

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The General Practice **Learning Environment**

Six key elements and associated objectives of a high-quality learning environment in a GP setting

This Proactively Addressing Conflict in Registrar Placements guide supports GP supervisors and practice managers to build and maintain a high quality learning environment. This guide advances the objectives of a best practice learning environment through coverage of components such as:

- The arrival of learners is anticipated and planned

- Learners receive an appropriate orientation and induction to the practice and are included in relevant team-based activities

- There are realistic expectations of learners and supervisors

- Problems are identified and discussed

- All participants in teaching and learning activities endeavour to engage in regular formal and informal conversations and meetings

- The practice staff and learners are educated about what is meant by good communication and how to achieve it

Conflict

Top ten sources of conflict

Conflict in general practice training is common. In our recent survey of GP supervisors, registrars and practice managers, we found that most respondents had observed or experienced conflict in GP training. Most of the GP supervisors and practice managers believed these conflicts were easily resolved, however, registrars generally did not. The most common of these conflicts are ranked and presented in Table 1.

TABLE 1: THE TOP TEN SOURCES OF CONFLICT IN REGISTRAR PLACEMENTS

Rank	Source of Conflict
1	Attitude of registrar or supervisor/practice manager
2	Giving and/or accepting feedback
3	Poor communication
4	Employment conditions
5	Rosters and scheduling of patients
6	Personality differences
7	Base salary and payment of bonuses
8	Registrar 'fit': mismatch between registrar and the practice
9	Approach to teaching
10	Leave entitlements

It is notable that **poor attitudes** were the most commonly identified source of conflict.

Underlying an individual's behavioral intent are the person's attitudes about the behavior (i.e. the positive and negative feelings about the behavior). Attitudes, in turn, are predicted by a person's outcome expectations. For example, if a person anticipates a constructive outcome for a certain behavior (e.g. seeking help will lead to not feeling sad anymore), then they will have a positive attitude (e.g. seeking help is a good thing). Conversely, if a person anticipates a harmful outcome for a certain behavior (e.g. "If I seek help, others will think I'm not capable"), then they will have a more negative attitude...[1,2]

Later in this guide, we present a detailed exploration of each source of conflict and offer strategies to prevent, minimise, and manage them to enhance the placement experience.

Conflict themes

As can be seen in Table 2 below, the top ten sources of conflict can be organised into three broad themes: employment factors; psychosocial factors; and interpersonal factors. Each theme represents several common issues that arise as sources of conflict in general practice settings.

TABLE 2: CONFLICT THEMES

Theme	Source of conflict	Ranking
Employment	Employment conditions	4
	Rosters and scheduling of patients	5
	Base salary and payment of bonuses	7
	Leave entitlements	10
Psychosocial	Attitude of registrar or supervisor/practice manager	1
	Personality differences	6
	Registrar 'fit': mismatch between registrar and practice	8
Interpersonal	Giving and/or accepting feedback	2
	Poor communication	3
	Approach to teaching	9

Workflow timeline

Workplace conflicts may arise in relation to employment, psychosocial and/or interpersonal factors at any point throughout the registrar placement, but can be minimised through early intervention at different times in the training cycle.

FIGURE 1: A GRAPHIC TIMELINE FOR MITIGATING AND MANAGING THE THREE THEMES OF CONFLICT
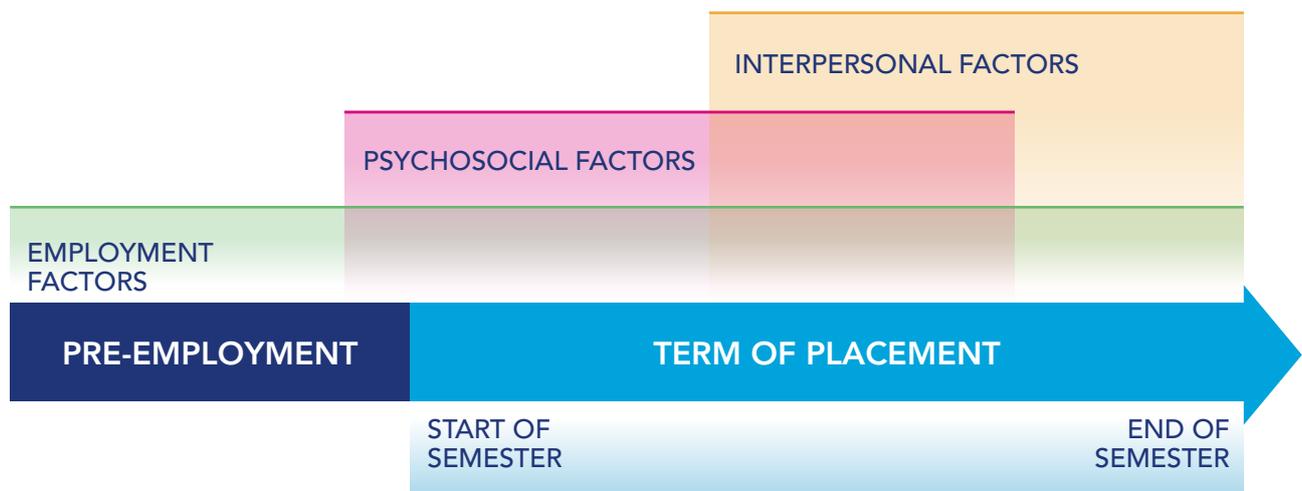
Top three tasks to prevent and manage conflict

1. OPTIMISE THE EMPLOYMENT, ORIENTATION, AND INDUCTION PROCESS

Our recent survey showed that many registrars, supervisors and practice managers had observed or experienced conflict relating to employment terms and conditions in GP training.

Registrars are both learners in the clinical environment and employees of the general practice business. Managing these dual roles can pose a challenge with respect to conditions, pay, leave, and rostering of your registrar.

Optimising the employment, orientation, and induction process can help to prevent conflict through early identification and communication of employment terms and conditions. See (Appendix A): Before the registrar starts - checklist.

2. IDENTIFY, COMMUNICATE, AND MANAGE EXPECTATIONS

Misalignment of expectations is a common source of conflict. The identification, communication, and management of expectations between registrars, supervisors and practice managers is fundamental to preventing workplace conflict. This Expectation management checklist and agreement helps you to have these conversations. See (Appendix B): Expectation management – checklist and agreement.

3. CONDUCT MONTHLY PERFORMANCE AND PASTORAL CARE DISCUSSIONS

Regular performance management can be used to foster recognition and accountability, and offers a useful means by which to manage expectations and remediate performance issues proactively. It is important to understand that performance management is different from clinical supervision and performance discussions, and should be carried out in a separate standalone conversation. The template assists you to have these monthly conversations. See "(Appendix C): Monthly performance and pastoral care discussion - Template.

Expectations in GP training

Misalignment of expectations between registrars, supervisors, and practice managers is a common source of conflict in the workplace.

Given the frequency of conflicts relating to employment conditions, practice managers play an essential role in expectation management throughout the registrar placement.

The identification, communication, and management of expectations between registrars, supervisors and practice managers is fundamental to avoiding conflict in the workplace.

But before we tackle those areas, we want to draw your attention to another set of unwritten expectations that underpins all of what follows: this is known as the psychological contract.

Psychological contract

A psychological contract refers to the unwritten, intangible agreements between employers and employees that describes their beliefs, assumptions, and expectations about the relationship[3]. This is distinct from the employment contract, which sets out the legally binding agreement between two parties.

The psychological contract is built from the everyday actions, statements and promises of one side of the relationship and how they are received by the other[3].

Whereas the employment contract outlines the exchange of labour for reward, the psychological contract is an unwritten 'promise' that people make in relationships to behave in certain ways, such as to treat each other with respect, honesty, and fairness. The psychological contract applies to all relationships; including those in the workplace.

TOP TIPS FOR APPLYING AND MAINTAINING A PSYCHOLOGICAL CONTRACT[4]

1. Reflect on and commit to the psychological contract you hold with your team. Live your values - model honesty, transparency, and fairness.

2. Clarify your expectations beyond the basic job description. Discuss your expectations about respect, honesty and fairness with your team.

3. Communicate clearly, often and well. Psychological contracts are not 'set and forget'. As with any relationship, it is important to nurture trust and ensure the balance between 'give and take' is maintained.

BREACHING THE PSYCHOLOGICAL CONTRACT

People join companies and leave managers[4].

The psychological contract is about give and take; there needs to be a good balance. Although a breach of the psychological contract may not incur legal ramifications, it is not without consequences. For example, breaching the psychological contract can result in a loss of trust and respect between parties, resulting in conflict.

The key to maintaining a strong psychological contract is the identification, communication, and management of expectations between registrars, supervisors and practice managers, to which our attention now turns.

Identify expectations: Focus on 'who' and 'what'

WHO

It is important to ensure that the goals of the registrar are aligned with those of the training practice; a clear, open, and honest discussion between registrars, supervisors, and practice managers about workplace expectations is a useful way to begin.

FIGURE 2: IDENTIFYING AND ALIGNING EXPECTATIONS
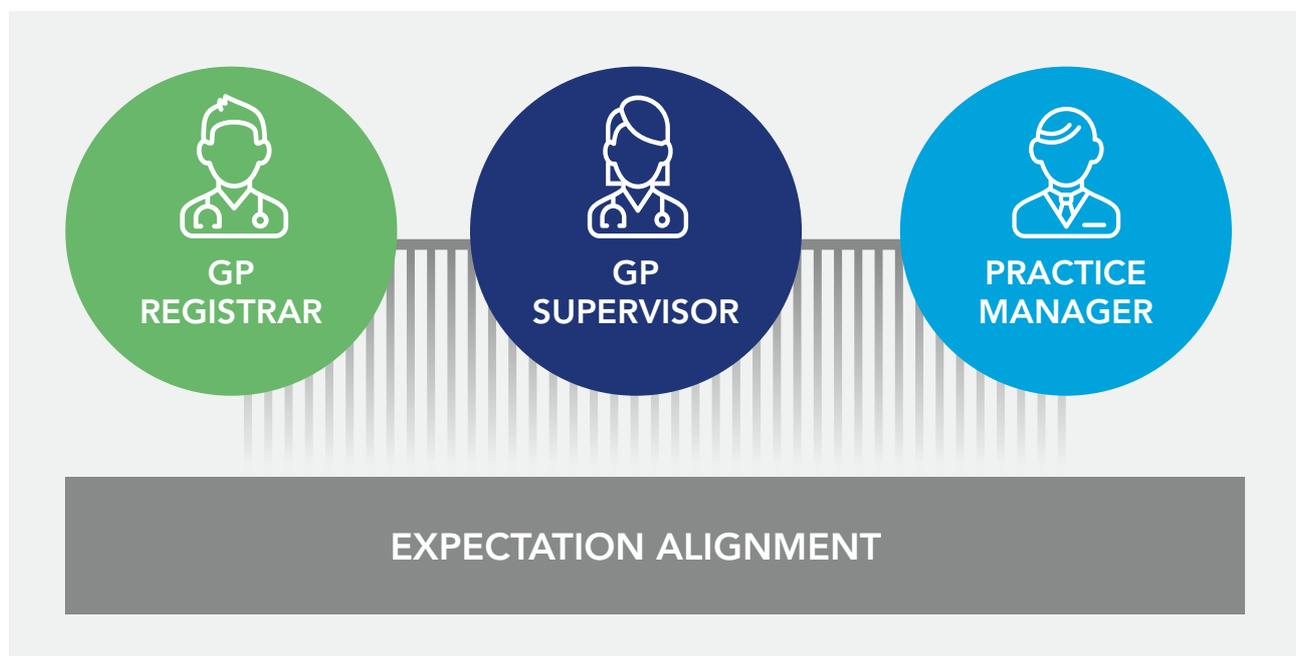
It is important to be aware that registrars entering a new practice may have limited workplace experience and - without active encouragement - may be reticent to voice concerns about expectations.

So much of what we understand in the world around us is colored by the conceptions and prejudices we start with.[5]

Early conversations about expectations between key players can prevent conflict from arising.

WHAT

Building on a shared approach to expectation management between registrars, supervisors and practice managers, the next step is to explore 'what' those expectations are from all three perspectives.

Expectations can be broadly categorised as **Performance-based, Assessment-based**, and **Behaviour-based.** It is important to note that each party will have a different perspective on the expectations that are required.

Figure 3 illustrates the different perspectives that registrars, supervisors, and practice managers may have about performance-based, assessment-based, and behaviour-based expectations.

Reflecting on the 'who' and 'what' of expectations prompts awareness of different perspectives and can help focus conversations to achieve a shared understanding.

FIGURE 3: THE 'WHO' AND 'WHAT' IN IDENTIFYING EXPECTATIONS

Expectations: who and what		WHO		
		GP registrar	**GP supervisor**	**Practice manager**
WHAT	**Performance**-based expectations	• Goals as trainee • Goals as (future) GP • Responsibilities to other staff, including the supervisor and practice owner/ manager	• Aims and objectives of placement • Responsibilities to other staff, including the registrar	• Aims and objectives of the practice • Responsibilities to other staff, including the registrar
	Assessment-based expectations	• Progress against the 5 domains of general practice https:/www.racgp.org.au/education/education-providers/curriculum/understanding-the-curriculum/the-five-domains-of-general-practice	• Feedback • Formal assessment	• Keeping up to date with RTO/College requirements
	Behaviour-based expectations	• Collaboration with supervisor and practice team • Development of consultation style • Professionalism	• Professional workplace attitudes and behaviours	• Workplace culture (e.g. values, mission)

Communicate expectations: Focus on 'how' and 'when'

Identifying the 'who' and 'what' of expectations is the first piece of the puzzle towards placement success. The next step is to convey those expectations in a way that fosters trust, engagement, accountability, and growth. Here we focus on the 'how' and 'when' of expectation management.

Setting expectations should be a conversation, not a dictation.[6]

HOW

As shown in Figure 3, the registrar's expectations of the placement experience should be identified and aligned with those of the GP supervisor and practice manager. Best practice exploration and communication of expectations to ensure alignment across all parties should include coverage of:

- Registrar's goals as an employee of the practice

- Expectations the registrar has of the supervision relationship - where possible, ask them to express how they intend to contribute to this relationship, what they see as their obligations to their supervisor, practice manager and to other members of the wider supervision and practice team

- Expectations the registrar has regarding the employment relationship, drawing out their understanding of the distinction between supervisor responsibilities versus those of the practice manager

- Expectations of the supervisor and practice manager and highlight any discrepancies, which can then be negotiated and reconciled

- Personal accountability to meet expectations, which will foster commitment

TOP TIPS FOR EFFECTIVELY COMMUNICATING EXPECTATIONS

1. **Put it in writing**: document registrar, supervisor and practice owner/manager expectations, noting any discrepancies/misalignment. This should occur before or at the beginning of the registrar's placement.

2. **Obtain written agreement**: ask the registrar to sign off on the documented expectations and agree to revisiting any noted discrepancies periodically throughout the placement to secure their commitment to the supervision relationship.

3. **Reiterate expectations**: using signposting throughout the placement to refer back to the written agreement. For example, to signpost feedback expectations a supervisor might say to a registrar, "I'd like to give you some feedback, which was one of your expectations that we agreed to as part of the placement".

WHEN

It is important to identify and communicate expectations as early as possible to optimise a learning environment that supports "seamless educational interactions, observations, and mix of learning interventions"[7].

Start the way you mean to finish.

Early communication of expectations, such as during the initial interview with prospective trainees, may improve the selection process by ensuring a better fit and establishes a workplace culture of proactive expectation management, ensuring that issues can be addressed early and proactively throughout the placement.

Registrars who perceive the learning environment as supportive are more likely to acknowledge and expose their uncertainty and engage in growth and development. Inviting them to share their individual perspective and expectations at the start of the placement, along with the clear communication of the practice's expectations of them, will encourage meaningful engagement and assist in mitigating conflict in the supervision relationship.

…to lead an effective and happy team, you need to focus your behaviors in a way that (1) ensures your needs are met, (2) ensures your team members' needs are met, and (3) ensures you're all clear on how to move toward the same goal.[8]

FIGURE 4: 'WHEN' TO COMMUNICATE EXPECTATIONS

Before the initial interview	Reflect on your expectations of a registrar.
In the initial interview	Discuss the new registrar's expectations.
	Highlight and discuss any misalignment of expectations between the registrar, GP supervisor(s) and practice manager.
At the commencement of the placement	Clarify (verbally and in writing) the registrar and practice expectations.
	Explore the basis for any misconceptions.
	Collaborate to devise how to best manage the various expectations.
During the placement	Review expectations with the registrar at regular intervals.
	Encourage the registrar to voice concerns about misaligned expectations.

Links to resources:

GPSA Performance Management https://gpsupervisorsaustralia.org.au/employment-resources/performance-management/

GPSA Performance Management Discussion Template https://gpsupervisorsaustralia.org.au/download/11668/

Supervisor-Registrar Discussion Record Template https://gpsupervisorsaustralia.org.au/download/11559/

Manage expectations: Combining the 'who', 'what', 'how', and 'when'

Identifying and communicating expectations are effective ways to build commitment in your workplace, but maximising the positive effect requires ongoing management.

An Expectation management checklist and agreement (see Appendix B) is a simple tool that can be adapted for your practice and used to help you communicate and manage expectations.

Effective use of the Expectation management checklist and agreement can proactively prevent or mitigate conflict, potentially leading to substantial cost and time savings that might otherwise be spent in conflict resolution[9].

Regular performance management (see Appendix C for a discussion template) fosters recognition and accountability, and helps to manage expectations and remediate performance issues proactively.

PERFORMANCE MANAGEMENT

1. Set performance expectations and communicate these clearly, consistently and professionally.

2. Monitor achievement of standards consistently and professionally.

3. Engage the trainee in a continuous cycle of supervision and feedback to map achievements against standards.

4. Establish trust through clearly communicated expectations and processes related to performance management as a day-to-day process.

5. Build trust through the professional, ethical, and confidential management of employment matters.

Dispute resolution: What to do when it goes wrong

Despite clear communication and management of expectations within GP training, sometimes disputes will still arise. Fair Work Australia[10] offers suggestions for effective dispute resolution through open communication.

When preparing to talk to a registrar about issues in the workplace, supervisors and practice managers should consider the following questions:

BEFORE THE CONVERSATION:

1. What are you trying to achieve?
2. Are you prepared? Do you have all the right information and useful examples?
3. When and where are you going to have the conversation? Is it timely? Is it somewhere that you both feel comfortable?
4. Are you calm?
5. Can you allow the employee to steer the conversation (within reason)?
6. Are you prepared to listen and consider all points of view?
7. Have you thought about possible resolutions?

DURING THE CONVERSATION, REMEMBER TO:

1. Refer to any conversations you've already had.
2. Clearly outline the employee's entitlements (if that's what the issue is about).
3. Include any supporting information, such as relevant information from www.fairwork.gov.au
4. Stick to facts, rather than opinions, and give specific examples where possible.
5. Invite the employee to share their point of view and listen to what they have to say.
6. Keep an open mind – there might be facts or issues you don't know about.
7. Allow the employee to bring a support person to any meetings.
8. Make a record of any discussions, including the date and time when they occurred.

Prevention and management of conflict
in the workplace

This section explores specific examples of the top ten sources of conflict in general practice training, and best practice strategies and solutions. These are again organised under the three broad themes of employment, psychosocial, and interpersonal sources of conflict.

Employment sources of conflict

Our research shows that conflict relating to employment terms and conditions is common between registrars, supervisors, and practice managers.

Registrars are both learners in the clinical environment and employees of the general practice business. Managing these dual roles can pose a challenge with respect to conditions, pay, leave, and rostering of your registrar.

In the sections below, we provide a summary of common issues and strategies for preventing and managing conflicts in employment terms and conditions.

EMPLOYMENT CONDITIONS

Overarching employment conditions for registrars are established through two documents:

• The registrar's employment contract

• The National Terms and Conditions for the Employment of Registrars (NTCER)
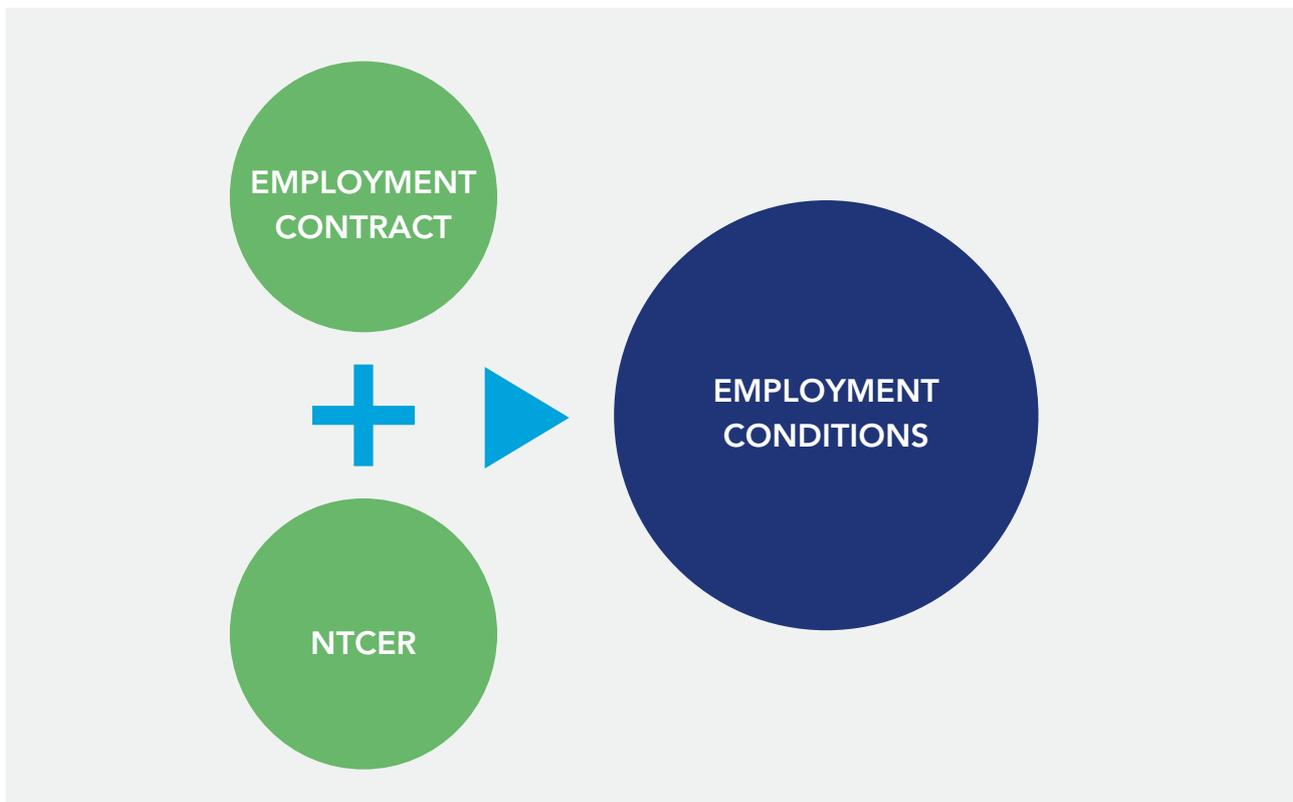
Conflicts can arise when NTCER terms and conditions are missed, incorrectly interpreted, or not applied to the registrar's employment contract.

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TOP TIPS FOR PROVIDING CLARITY REGARDING EMPLOYMENT CONDITIONS

1. **Clarify the relationship between the employment contract and NTCER:** use the GPSA employment contract template and make the NTCER an addendum, consciously referring to this in pre-employment discussions with your registrar.

2. **Obtain written confirmation:** ask the registrar to acknowledge that they have read and understood the NTCER before executing the employment contract.

Common issues:

Sometimes registrars wish to negotiate their terms, such as more educational release or higher percentage payments. The key point for all parties to understand is that the negotiations have already taken place. The NTCER is the result of negotiations held between General Practice Supervisors Australia (GPSA) and General Practice Registrars Australia (GPRA), the peak national body that represents GP registrars.

Scenario 1: A registrar wishes to negotiate a percentage billing rate that is higher than the NTCER.	
To manage:	Don't offer too high an amount from the outset. Increasing and negotiating terms incrementally allows one to assess, manage, and reward performance. It also allows you to ascertain whether increments are financially viable, and reduces registrar expectations for their career later on.
To prevent:	As part of "Identifying expectations", discuss the NTCER terms and explain that negotiations have already occurred between their representative body, GPRA, and the GP supervisor representative body, GPSA. Ensure that they have access to a copy of the NTCER.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Employment conditions	What expectations does each party in the supervision relationship have regarding employment conditions at the start of the placement? Have these been explored from the registrar's perspective/prior experience/peer comparisons? Who will manage employment conditions? Have the practice manager/ supervisor provided sufficiently clear information to point the registrar to the correct member of the practice team to discuss employment conditions?

Links to resources:

Employment Contract Template https://gpsupervisorsaustralia.org.au/employment-contract-template/

The National Terms and Conditions for the Employment of Registrars (NTCER)
https://gpsupervisorsaustralia.org.au/ntcer/

https://gpsupervisorsaustralia.org.au/download/2181/

ROSTERING

Complementing quality healthcare service provision is the 'business' of running a practice. Patients need to be allocated and seen with doctors rostered, billings generated, and minimum wait times. When one or more of these components is not functioning well, overall efficiency and effectiveness decreases rapidly, placing stress on the whole business: doctors, practice staff, and patients.

Monthly performance management and pastoral care meetings with your registrar are essential to manage issues related to rostering, tardiness, patient loads and practice pace (see 'Expectations in GP training' section). These can be undertaken by either the practice manager and/or supervisor. We recommend using GPSA's Monthly Performance and Pastoral Care Discussion template - a list of questions and prompts have been established to guide you through conducting a performance management and pastoral care meeting (Appendix C). This gives the opportunity for issues to be raised, addressed, and documented.

Differentiate monthly performance management from clinical supervision meetings

TOP TIPS FOR PREVENTING ROSTERING/SCHEDULING ISSUES

1. **Provide clear information early**: ensure the registrar's rostering/scheduling expectations are identified and documented prior to or at the start of the placement, with any adjustments made early.

2. **Address issues regularly**: manage expectations through monthly performance and pastoral care meetings with the registrar.

Common issues:

Scenario 1: Tardiness - the registrar is repeatedly late and is changing their hours.	
To manage:	Problems relating to professional behaviours such as these should be addressed as early as possible - ideally before they become a problem. If this problem has occured, we recommend managing expectations by way of monthly performance management and pastoral care meetings. These should be independent of clinical supervision meetings. Raise the concern on tardiness and alteration of hours at the monthly meeting, list it as amber (i.e. something that needs attention - see Appendix C). Discuss with the registrar the potential reasons for the behaviour. Consider whether there may be mitigating circumstances and/or barriers that need to be addressed. Restate the expected standard and seek agreement from the registrar. Discuss how the matter will be managed moving forward, the registrar's accountability, and potential adjustments that may be implemented.

Scenario 2: Minimal diversity of patient load - the registrar is reviewing patient files before accepting rostering of patients, and being selective with patients.	
To manage:	This issue could be motivated by two concerns: 1. The registrar may be selecting patients that will provide higher billings, or 2. The registrar lacks confidence working with certain patient groups. It is important that this issue is raised in monthly performance management and pastoral care meetings with the registrar. List the issue as amber and discuss potential reasons for the behaviour. Are there mitigating circumstances and/or barriers that need to be addressed? If this issue is motivated by a lack of confidence, acknowledge and reassure the registrar that this is part of the learning experience. Discuss and identify specific gaps and learning needs, then focus supervision, teaching and learning in these areas. Utilise tools and methods from GPSA's Teaching and Learning website page, such as Random Case Analysis and the "Call for Help" list.

Scenario 3: Practice pace - the registrar is not keeping up with the pace of the environment (e.g. does not see more than two patients per hour).	
To manage:	This is a perfect example of something to bring up early in monthly performance management and pastoral care discussions. Using the template (Appendix C), list the issue as 'amber'. Discuss potential reasons for the behaviour and explore whether there are mitigating circumstances and/or barriers that need to be addressed. It might be fruitful to develop a teaching, supervision and/or learning plan to ensure that the registrar can develop the skills, knowledge, and confidence required to work at such a pace within the clinical environment.
To prevent:	As part of identifying expectations, GPSA's resource Before the registrar starts (Appendix A) can be used to plan and prepare for the arrival of your registrar by ascertaining their current skills and knowledge gaps. Arrange a meeting with the registrar before the placement commences to discuss their past experience, strengths and weaknesses, learning and personal needs and any adjustments which may be required. The GPSA Guide Helping your registrar plan their learning can be used to navigate this conversation. The objective of the meeting should be to identify any additional resource/supervision needs that are likely to be required by the registrar in their first few weeks at your practice. For example, it may be prudent to create an initial fortnightly roster with the registrar only seeing two patients per hour, with the view to increasing this later on. This can reduce the risk that registrars become overwhelmed or lose confidence, and allows you to effectively manage and support quality teaching and learning alongside quality healthcare service provision.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Rosters and scheduling of patients	What expectations has the registrar expressed about their rosters at the start of the placement? Have they been made aware from the outset that they may need to exhibit flexibility to adapt to the changing needs of the practice? Have the practice manager and supervisor agreed on the expectation that the registrar will be provided protected teaching time throughout the placement, and that patients will be scheduled in line with the registrar's progress and the teaching demands of the supervisor?

Links to resources:

Practice manager tips for better rostering of supervisors and registrars
https://gpsupervisorsaustralia.org.au/supporting-practices/

Before the registrar starts https://gpsupervisorsaustralia.org.au/download/15452/

Guide Helping your registrar plan their learning https://gpsupervisorsaustralia.org.au/download/13428/

Teaching and learning https://gpsupervisorsaustralia.org.au/teaching-and-learning/

BASE SALARY AND PAYMENT OF BONUSES

There are two primary mechanisms of payment to registrars through their employment contract and the NTCER:

1. A base salary

2. A 'bonus' payment when a registrar earns the difference between a fixed percent of billings and their base salary averaged over 13 weeks

TOP TIPS FOR PREVENTING REMUNERATION ISSUES

1. **Make regular payments of base salary through payroll**: organise regular base salary payments to registrars according to your payroll schedule (e.g. fortnightly pay cheque), regardless of the percent billings achieved, to avoid overpayment or underpayment issues - especially regarding payment of leave.

2. **Schedule regular calculations of bonuses**: every 13 weeks/3 months, calculate the difference between the registrar's percentage of gross billings/receipts and their base salary across the same period for better accuracy, financial security, and predictability for practices and registrars.

3. **Stay consistent with the NTCER**: rather than negotiating percentage level or payment intervals with the registrar, keep these in line with what is stipulated in the NTCER to avoid issues and ensure these are stipulated in the registrar's employment contract.

Common issues:

Scenario 1: Uncertainty about paying the percentage 'bonus'.	
To prevent:	Familiarise yourself with the current <u>National Terms and Conditions for the Employment of Registrars (NTCER) document</u> so you can see how things might work.
	If the total percentage of gross billings/receipts amount is greater than the total base salary for the same period, that difference is paid as a 'bonus' on top of the base salary amount.
	If the total percentage of gross billings/receipts amount is lower than the total base salary for the same period, you do not pay any 'bonus'.

Scenario 2: The registrar has or is being overpaid.	
To manage:	It is important to facilitate discussion and written agreement with the registrar • That there was an overpayment/error *Using evidence, transparently demonstrate/justify to the registrar where, when, how, and why the overpayment was made. Seek agreement and understanding from the registrar that there was an overpayment. Care should also be taken to explain how this will be avoided in the future.* • How it is to be rectified *The issue can be rectified via:* – *A contract amendment, which both parties sign, to update or reflect the correct values, or* – *An agreement in writing to withhold a small amount of pay each pay cycle (written consent from the registrar must be confirmed prior to making any deductions, as per Fair Work stipulations).*
To prevent:	1. Download and ensure you understand the National Terms and Conditions for the Employment of Registrars (NTCER). 2. Ensure your registrar is receiving base salary through regular (e.g. fortnightly) payroll.

Scenario 3: The registrar is not 'covering' their base rate of pay and is unhappy that they are not receiving 'bonus' payments.	
To manage:	Although this issue appears to be related to pay, it is primarily a performance issue. Accordingly, it is important to find out why the registrar is unable to meet the patient load requirements to cover costs. Monthly performance management offers the best avenue to identify and address these issues to find suitable remedies. For example, remedial education may be required in patient billing and time management skills, as well as holistic GP skills, to increase patient load. Encourage the registrar to seek help as needed and check their understanding of staff resources in the practice for different types of questions (e.g. questions about billings may be best directed to administration and reception staff, not the GP supervisor).
To prevent:	Before the placement begins, discuss with the registrar their work history, strengths and weaknesses, learning and personal needs, and potential adjustments. These discussions can be framed in the context of identifying expectations and should lead to an understanding, communication, and agreement on goals. *"First month, let's focus on up-skilling your clinical and non-clinical experience with geriatric patients. This will help you manage your patients effectively and efficiently. With this in mind, let's aim for you to see two patients per hour in the first month, then move up to three in the second month. Agreed?"* Conduct monthly performance management and pastoral care discussions utilising GPSA's template (Appendix C). These discussions are an opportunity to discuss how things are progressing from the perspective of the registrar and the GP supervisor/practice manager, and identify areas of concern to enable timely intervention.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Base salary and payment of bonuses	What expectations does the registrar have regarding the details of their remuneration at the start of their placement? Have these been explored from the registrar's perspective/prior experience/peer comparisons? Has the practice manager provided clear information to align the registrar's expectations regarding their pay structure/patient load with those of the practice?

Links to resources:

The National Terms and Conditions for the Employment of Registrars (NTCER)
https://gpsupervisorsaustralia.org.au/ntcer/

https://gpsupervisorsaustralia.org.au/download/2181/

GPSA's registrar payment calculator (template) https://gpsupervisorsaustralia.org.au/download/8080/

GP registrar remuneration https://gpsupervisorsaustralia.org.au/gp-registrar-remuneration/

Common payroll mistakes https://gpsupervisorsaustralia.org.au/common-payroll-mistakes/

Gender pay equity https://gpsupervisorsaustralia.org.au/gender-pay-equity/

LEAVE ENTITLEMENTS

Sometimes new registrars will need to request leave without having accrued sufficient leave to cover their absence. Leave requests can lead to uncertainty and conflict if not managed appropriately.

The NTCER provides detailed information with respect to the different types of leave:

6.1   Annual leave

6.3   Personal/Carer's leave

6.4   Compassionate leave

6.5   Parental leave

6.6   Study leave

6.7   Public holidays

9.2   Educational release

Conflict sometimes also arises in relation to the payment of leave. The NTCER clarifies leave payments, factoring in individual circumstances, such as whether the registrar would normally have been rostered to work that day.

Note that approved paid leave (i.e. annual, personal, or otherwise) is paid at the registrar's base rate of pay. Leave continues to accrue whilst the registrar is on paid leave.

Common issues:

Scenario 1: The registrar has no leave accrued/remaining.	
To manage:	Aside from refusing a request, there are two main ways you can manage registrar requests for leave when there is no leave accrued/remaining: 1. Advance paid leave. A registrar may be entitled to an advance of 38 hours paid leave. Alternatively, it is possible to provide an advance on annual leave not yet accrued, if mutually agreed. Requests for extended personal leave arrangements for more than 38 hours may be negotiated with the registrar to advance further paid personal leave, up to a cumulative total of 10 days per year or the registrar's pro rata equivalent. This is a business decision and is not obligatory. In the event that a registrar has taken unaccrued leave and their employment ends, the employer is entitled to withhold salary equivalent to those hours taken. Written consent from the registrar must be confirmed prior to making any deductions, as per Fair Work stipulations. 2. Grant unpaid leave. This is a business decision and is not obligatory. A combination of leave options may be negotiated to meet the needs of the practice and the registrar (e.g. a registrar takes some paid personal leave, also takes an advance of leave, and/or takes a period of unpaid leave as well.)

Scenario 2: The registrar requests additional study leave and/or there is uncertainty about educational release requirements and provisions.	
To manage:	Some of the best exam preparation is time in the practice room, not time away from it. Discuss with your registrar and understand why they are requesting additional study leave. Educational release provisions vary, but the release is paid at the base rate for GPT 1 and 2, and is not paid for GPT 3 and 4 registrars.

Scenario 3: The registrar is arranging leave without consulting the practice.	
To manage:	This is a clear performance management issue and should be addressed at the monthly performance and pastoral care meeting. You may need to list this issue as 'red' (Risk), see Appendix C, and quickly identify reasons why and how it can best be addressed.
To prevent:	Every performance and pastoral care meeting, ask the registrar if any leave might be sought for the following month or two. Re-state the standard that registrars must request leave in writing as early as possible to allow for effective planning and rostering at the practice.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Leave entitlements	What expectations does the registrar have in relation to leave entitlements? Are these aligned with the details in their employment contract? Have these been explored from the registrar's perspective/prior experience/peer comparisons at the start of placement?
	Has the practice manager provided clear information to align the registrar's expectations regarding leave entitlements with those of the practice?

Links to resources:

Registrar Leave Frequently Asked Questions (FAQs) https://gpsupervisorsaustralia.org.au/employment-resources/leave-faqs/

Parental Leave https://gpsupervisorsaustralia.org.au/employment-resources/parental-leave/

Educational Release https://gpsupervisorsaustralia.org.au/educational-release/

Australian Government AGPT Program Leave Policy https://www.health.gov.au/resources/publications/agpt-program-leave-policy-2020

Psychosocial sources of conflict

"Everything that irritates us about others can lead us to an understanding about ourselves." Carl Jung

Psychosocial factors are among the most frequent sources of workplace conflicts.

Understanding, accepting, and appreciating individual differences is key to preventing and respectfully mitigating these sources of conflict.

ATTITUDES

A negative work attitude can be toxic in the workplace. The first step towards managing these types of conflicts is to reflect on your own attitudes – are your attitudes towards work, colleagues, and patients positive? Are you modelling positive attitudes to junior staff?

Be self-aware: check your own response to the person you consider has a negative attitude - could they be reacting to your own attitude or stress?

Negative work attitudes are sometimes linked to disruptive behaviours such as tardiness, disrespectfulness, poor performance, exaggerated concerns, and gossiping. It is important to remember that these attitudes can often be modified through effective management.

FIGURE 5: MODIFIABLE SOURCES OF POOR WORKPLACE ATTITUDES

| UNCERTAINTY | POOR RECOGNITION FOR PERFORMANCE | CONFLICTS BETWEEN CO-WORKERS | POOR UNDERSTANDING OF ROLE IN THE ORGANISATION) |

Attitudes do not always predict behaviour.

While it is true that the stronger and more relevant the attitude, the more likely it will predict behaviour, it's important to be aware that behaviour results from a combination of environmental, situational, and social factors, of which attitudes make a moderate contribution[11].

Engage in open communication with registrars to find out the source of the problem and explore whether an 'attitude adjustment' is required.

Once you have ruled out other plausible causes and are satisfied that attitudes are driving the behaviour, consider these tips for planning and engaging someone in attitude change.

CHANGING ATTITUDES: THE 'DO'S' AND 'DON'TS'[12]

Do	• Be patient - attitude change takes time
	• Provide information, explain your position and allow others to form their own view
	• Talk about your attitudes indirectly as a narrative or story
	• Be present, authentic and positive - inspire change
Don't	• Attempt to directly persuade someone to change their attitude

Attitude and behaviour change takes time - be patient, persuasive, and persistent.

Common issues:

Scenario 1: The registrar has been displaying some disruptive workplace behaviours (e.g. leaving early, sloppy paperwork, gossiping about other staff).	
To manage:	These disruptive and unprofessional behaviours have all the right ingredients for a registrar with a bad attitude. But can we be sure that a bad attitude is the cause?
	It's important to be curious about the causes of behaviour - for example, could sleep deprivation and role uncertainty explain some of these behaviours?
	Use the Expectation management checklist and agreement (Appendix B) alongside GPSA's Performance and pastoral care discussion template (Appendix C) to guide a discussion and revisit performance standards.

Scenario 2: The registrar has been coming to work one hour late every day for the past fortnight. You've ruled out environmental and social barriers and it just seems to be a poor attitude.	
To manage:	Try the "foot-in-the-door" technique[13]: ask if your registrar can help with a patient at 9am on Monday and, after they comply with this initial small request, ask them to keep coming in every day at 9am (bigger request) (see Figure 6).
To prevent:	Use the Expectation management checklist and agreement (Appendix B) alongside GPSA's Performance and pastoral care discussion template (Appendix C) to guide a discussion and set performance standards.

Scenario 3: The registrar professes a belief that is not consistent with the values of your practice (e.g. a belief that is discriminatory). You notice, however, that this same registrar treats all patients with respect, patience and professionalism.	
To manage:	Use good behaviours to modify bad attitudes (e.g. "your consultation with XX seemed to go well. You managed that situation really sensitively, well done.")
	In a poor performing registrar with a negative attitude, use self-perception as a means of modifying behaviour and, consequently, attitudes:
	"I'm wondering how you felt about your consultation with XX? Are you achieving your own goals for patient care? How do you think XX would feel about it? What could you do to help each patient feel respected, heard and attended to?"

FIGURE 6: THE FOOT-IN-THE-DOOR TECHNIQUE[13]

COMPLIANCE WITH A SMALL CHANGE → **COMPLIANCE WITH A BIGGER CHANGE**

Identify and list the problematic behaviours from minor to substantive issues

Tackle the minor issues first - work your way through the minor issues and make requests for change. Be sure to acknowledge and commend positive changes in behaviour

Tackle the substantive issues last - use the compliance on minor issues to increase the likelihood that they will agree to a larger request for changing substantive issues

Note that the minor and major issues don't need to be linked - the point is to start small and use compliance on minor matters to encourage compliance on bigger requests.

TOP TIPS FOR MANAGING ATTITUDE-RELATED ISSUES

1. Suspend judgement: avoid making assumptions about attitudes based on behaviours.

2. Explore causes: engage in a differential diagnosis to explore possible reasons for behaviour (attitudes are just one of many possible causes).

3. Explore solutions: try a technique that might adjust specific displays of attitude (see Figure 6).

4. Communicate regularly about attitudes: discuss observations in monthly performance management/pastoral care meetings. Be specific about behaviours (since you cannot observe attitudes per se) and inquire about attitudes towards the workplace. Explore causal factors for negative attitude. Communicate expectations and explore any training, educational, and resource needs.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Attitude of registrar or supervisor/ practice manager	Have all parties identified, discussed, and documented their expectations of themselves and each other at the start of the placement? Are these expectations, including respectful and courteous interactions between parties to the supervision relationship, jointly agreed to by the GP registrar, GP supervisor and practice manager? Is this available in a format that can be referred to throughout the placement (e.g. Expectation management checklist and agreement - Appendix B)?

PERSONALITY

"He and I have this... personality conflict.
Namely, I think he should get a new one." Scott Westerfield

Personality differences are among the most frequently cited reasons for interpersonal conflict in the workplace[14]. Most of the time, however, these problems are attributable to workplace situational factors, such as lack of role clarity, rather than personality[15]. Managing workplace expectations proactively can reduce the likelihood and impact of these types of workplace conflicts[16,17].

AVOID THE PITFALLS OF PERSONALITY CONFLICTS[18]:

1. Be open - try to accept, understand and appreciate personality differences

2. Be professional – stay calm, avoid gossip

3. Be curious – identify the problematic behaviour and find out the reason for it

4. Be empathic – listen without judgement

5. Engage positively – work towards resolution and focus on common goals

CEASE-FIRE FOR A PERSONALITY CONFLICT[19]:

Resist recruiting allies - avoid bonding over gossip

Focus on strengths - remind yourself of the contributions the other party makes

Get out of the way - if you are unable to manage your reactivity, reduce your contact

Look in the mirror - figure out your role in the dynamic and learn something about yourself

TOP TIPS FOR PREVENTING PERSONALITY - RELATED CONFLICTS

1. Suspend judgement: 'personality clashes' may be symptomatic of a workplace problem - check whether workplace situational factors are the source of interpersonal conflict and counterproductive behaviours.

2. Foster and model self-awareness: reflect on your role in the problem and how you can help resolve the issue to facilitate a positive working environment.

Conflicts arising from personality differences are more easily resolved when approached as a mutual problem for the team to solve[20]. Recent research has identified a benefit of self-awareness training on workplace diversity and communication[21]; however, few of us are truly self-aware.

Self-awareness is the ability to monitor our inner and external world. Our thoughts and feelings arise as signals. Developing self-awareness allows us to keep from being swept away by those signals, and instead, objectively and thoughtfully respond to them. Self-aware people understand their internal experience and their impact on the experience of others.[22]

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Personality differences	Have expectations been identified before the placement commences with a focus on 'what' rather than 'how' they will be achieved throughout the placement? Are these documented expectations reviewed regularly by all parties to reset the focus of the supervision relationship?
	Does the documentation of expectations adequately address the need for tolerance, self-awareness, respect and courtesy in accordance with Elements 3 and 5 of the GPCLE Framework?

Links to resources:

• Guidelines for best practice to promote emotional intelligence in the workplace
   https://www.eiconsortium.org/pdf/guidelines_for_best_practice.pdf

• Coursera (free online courses) https://www.coursera.org/

   – Personality Types at Work

   – Self Awareness and the Effective Leader

   – Inclusive Leadership: The Power of Workplace Diversity

REGISTRAR FIT

"If you're constantly thinking, 'I don't fit in'… then you're directing much of your attention inwards... And it's hard to successfully socialize when you're channeling all that energy towards yourself." Nawal Alomari

The alignment between registrar needs and expectations with those of the practice is often referred to as the 'registrar fit'; when these needs and expectations are misaligned, they can be the source of workplace conflict.

It is important to be aware that this is a dynamic process; the circumstances identified at the start of the teaching period as optimal for the registrar and/ or supervisor/practice are rarely static. This means that people's expectations, and their capacity to meet them, may fluctuate over time due to:

- **Personal circumstances** – e.g. relationship demands and changes, home relocation, family priorities, personal health and wellbeing

- **Workplace culture** – e.g. whether the practice is perceived as welcoming to a new trainee and/or fosters a culture of learning

- **Learning environment** – e.g. the supervisor's capacity to offer quality supervision atop an already-full load as a GP (and possible changes to their life outside the practice)

Common issues:

Scenario 1: At the interview, the registrar expressed enthusiasm to work in a regional town, however, one month into the placement they request to condense their hours into four days to reduce their time commuting from the city to work.	
To manage:	This may manifest as a disruptive workplace issue, but could be managed as a rostering/ scheduling issue. Revisit the employment contract and, to the extent that the practice has capacity, re-negotiate the roster/schedule.

Scenario 2: The registrar claims that their supervisor is unavailable and unhelpful. The supervisor claims that their registrar is overly demanding and a poor listener. They both claim that the situation is untenable, citing a 'poor fit'.	
To manage:	This could be an example of misaligned expectations, probably from both parties. To manage this problem that has now resulted in conflict, it would be prudent to facilitate an open discussion about the expectations of the registrar and the supervisor with a third person present (e.g. the practice manager) to maintain focus on resolution and positive action. See the section on Expectations in GP training for strategies.
To prevent:	Early conflicts arising that appear to be due to a 'poor fit'. Use the Expectation management checklist and agreement as a guide to explore and agree upon expectations early in the placement.

TOP TIPS FOR PREVENTING ISSUES RELATING TO 'REGISTRAR FIT'

1. **Reflect on your own commitment to the supervision relationship**: has enough time been invested in working through any issues communicated during the term?

2. **Use the Expectation management checklist and agreement**: has the supervisor given the registrar sufficient opportunity throughout the placement to review their expectations against those of the practice?

When looking to prevent or resolve conflict between the registrar and the practice, age-old generic strategies for managing workplace conflict adapt well.

1. **Clarify the source of conflict** - start by taking time to understand how the issue came about. Are specific needs not being met? if so, whose? Is there mutual understanding of the issue, or does each side have a different outlook? Question everything, what is obvious and what might remain below the surface, drawing on those powers of reflection and clinical reasoning that underpin general practice.

2. **Find a safe and private place to talk** - where the conflict has caused a breakdown in the registrar-supervisor relationship, the practice manager should offer both parties a comfortable environment to separately discuss the situation.

3. **Listen actively and let everyone have their say** - leaving judgement at the door and encouraging openness in a "cone of silence" is key to unravelling emotional turmoil and defusing a volatile situation; having a third-person perspective can also help identify what tends to become indistinguishable beneath the emotion of a two-party conflict.

4. **Investigate the situation** - look beyond the obvious. For instance, you might consider the possibility that the conflict evident between two specific individuals, like the registrar and their supervisor, could also be affecting others in and around the practice. Is the practice culture in some way failing its staff and/or patients? Have external pressures seeped into one-on-one relationships? Dig deeper, and document your findings for later reflection with all relevant parties.

5. **Determine ways to meet the common goal** - even if one or both parties seem set to dissolve the relationship in conflict, work under the assumption that the common objective is to resolve the issue and ensure it does not resurface. Listen, reflect, communicate, and brainstorm together until you exhaust all options or find the solution.

6. **Reach agreement and delegate responsibilities for the resolution** - for the relevant parties to reach agreement on the best solution to their conflict, it's important to identify solutions each party can live with, find common ground, then assign individual responsibilities in the resolution process.

7. **Review, evaluate, and develop preventative strategies for the future** - continue monitoring the issue and the effectiveness of the solution, noting If the issue resurfaces, take necessary action. decide on preventative strategies for the future. Some people may not agree on everything, and this may be an issue. So, look for lessons you can learn from the conflict and how you handle it. This will help you know what you can do when the issue resurfaces as well as enable you to develop and nurture your conflict management skills by training.

Could your registrar be in difficulty?

Have you missed any red flags?

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Registrar 'fit': mismatch between registrar and the practice	Have documented expectations been fulfilled by all relevant parties?
	Were expectations regarding learning goals achievable?
	Was allowance made in the practice manager's expectations for outside factors (e.g. prioritisation of vaccination clinics)that may create unforeseen difficulties for the supervision relationship?
	Has the supervisor given the registrar sufficient opportunity throughout the placement to review their initial expectations against those of the practice?

Links to resources:

HETI trainee in difficulty guide https://www.heti.nsw.gov.au/__data/assets/pdf_file/0006/426696/trainee-in_difficulty-guide.pdf

Identifying and supporting GP registrars at risk guide https://gpsupervisorsaustralia.org.au/wp-content/uploads/2017/03/Guide_identifying-and-supporting-GPS-at-risk_2017_Digital.pdf

Building rapport (empathy) https://gpsupervisorsaustralia.org.au/download/8351/

Interpersonal sources of conflict

Humans are a social species and our relationships with others can be a source of great joy…or conflict. In this section, we describe three common sources of interpersonal conflict in the workplace; feedback, communication and approach to teaching. The solutions to these problems require us to take a step back from the situation and consider the perspective of others.

FEEDBACK

"Make feedback normal. Not a performance review." Ed Baptista

One of the most important teaching behaviours in general practice training is giving feedback to registrars on their performance.

Constructive feedback is designed to provide information and encourage reflection by the learner about current performance, with the aim of improvement in the future. Effective feedback is a 'two-way' dialogue with registrars that incorporates self-assessment, constructive critique, reinforcement, and planning.

Most of us can easily recall good and bad experiences with feedback. Poor delivery of feedback can be destructive to a registrar, such as by damaging their self-confidence. By contrast, offering constructive feedback is rewarding for all parties and can improve confidence, clarify learning needs and lead to improvements in practice[23].

TABLE 3: CONSTRUCTIVE FEEDBACK FRAMEWORK

Pendleton's Rules[24]:

1. Ask the GP registrar to reflect on what they think they did well

2. GP supervisor/practice manager reflects on the things that they thought the registrar did well

3. Ask the registrar to reflect on what they would do differently next time

4. GP supervisor/practice manager reflects on what they might have done differently and explores these with the GP registrar

Preparation for giving feedback:

1. Create a positive learning environment with the expectation that feedback is a normal part of working and training in your practice

2. Identify observable sources of information that can be used in feedback (e.g. direct observation during consultations)

3. Ask permission to provide feedback

4. Identify an appropriate environment for the feedback discussion

5. Ensure that feedback is timely

6. Reflect on your own practice

Provide feedback:

1. Constructive - focus on what can be improved rather than what went wrong

2. Behaviour-based - focus on observable, modifiable behaviours, not the personality

3. Specific - avoid global, generic comments

4. Focused - identify one or two things for improvement

5. Learner-centred - encourage the registrar to engage in self-reflection and participate in the process of improving

6. Balanced - explore areas of strength as well as areas in need of improvement

7. Referenced - feedback should be grounded in accepted standards of practice/behaviour

8. Supportive - use an appropriate tone, respectful language, and power-neutral body language. Avoid "you" statements

9. Relevant - feedback should be tied to the learner goals

Follow-up after feedback:

1. Summarise the session and reinforce the main points

2. Follow up on one or two learning points in a week or two to see if new learning has been incorporated into practice.

3. Reflect on your own feedback skills - consider what went well and areas for improvement, consider discussing with a peer and/or the registrar about their experience

How to have difficult conversations

GP supervisors and practice managers may need to have a 'difficult conversation' at some point with a registrar. Difficult conversations are ones that require those in leadership to manage emotions and information in a sensitive way to deal with a workplace/performance issue.

Common issues that are the topic of difficult conversations include:

- Complaints from patients or staff about negative behaviour, poor attitude or inappropriate demeanour

- Unusually slow or rapid patient turn around

- Sub-standard clinical work

- Risky behaviour (e.g. a team member working outside their clinical expertise)

- regular pattern of lateness to work and making business decisions that impact on employment and salaries

Difficult conversations are a normal part of life and, if handled well, provide an opportunity to:

- Resolve workplace conflicts quickly and efficiently

- Lift employee performance and engagement

- Improve relationships within your team

> **TOP TIP FOR AVOIDING FEEDBACK-RELATED CONFLICT**
>
> **Signpost feedback:** be explicit - tell the registrar that what follows is feedback "The feedback I have for you is that..." "I'd like to give you some feedback, if I may?"

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Giving and or accepting feedback	What was identified and documented about the registrar's expectations in terms of receiving/providing feedback at the start of the placement?
	Did these align with the GP supervisor's documented expectations around providing/receiving feedback? If not, was this discussed and clarified in the Expectation management checklist and agreement and/or practice Code of Conduct/employment documentation?

Links to resources:

Giving effective feedback in general practice guide https://gpsupervisorsaustralia.org.au/download/2235/

Team leadership in general practice guide https://gpsupervisorsaustralia.org.au/download/2161/

Fair Work managers guide to difficult conversations in the workplace https://www.fairwork.gov.au ArticleDocuments/712/managers-guide-to-difficult-conversations-in-the-workplace.pdf.aspx

COMMUNICATION

"The single biggest problem in communication is the illusion that it has taken place." George Bernard Shaw

Ensuring patient safety is the single most important goal of registrar supervision in general practice. If collaboration between registrar and GP supervisor is compromised by communication issues, flawed decisions regarding patient care may follow.

Apply the same principles for best practice communication with patients to the supervisor-registrar relationship.

1. Be respectful, empathic and sensitive
2. Utilise active listening
3. Allow space for silence and use open questions
4. Encourage reflection
5. Summarise your understanding of the dialogue
6. Use appropriate body language and eye contact

Communication-related conflict can potentially be avoided, mitigated, or resolved by:

1. Waiting for the right time to ensure you are being heard / that your message will be received appropriately
2. Using eye contact, and respectful and open posture/body language to help the other party feel valued as you listen to them, and let them speak without interruption unless for clarification
3. Being assertive, but balanced: use "I" not "you" statements to show ownership of your feelings - e.g. "I feel like xx when you say or do…" rather than "you make me feel like xx when you …"
4. Allowing equal time for both sides to be heard
5. Focusing on remaining calm and staying to listen rather than giving in to the temptation of a dramatic, anger-fuelled departure from the conversation
6. Using assertiveness to communicate your feelings rather than withdrawing into awkward silence or becoming aggressive
7. Avoiding global statements ("you ALWAYS do or say…" or "you NEVER do or say…")
8. Staying in the present instead of digging up past arguments or conflicts that will potentially put the other party on the defensive and stop them from listening
9. Avoiding jumping to conclusions about your observations, or the impulse to offer quick advice, which tends to defeat the purpose of the supervision relationship and might be perceived as inattentive to, or under-valuing, the other person
10. Remaining neutral by absorbing what the other party has to say in its entirety, before making up your mind about it
11. Allowing the other party to openly express themselves without being judged

External interference

Frustration, concentration hampered by exhaustion or stress, competing demands on time and focus… these along with many other factors can interfere with our capacity to communicate effectively.

Explicitly creating a dedicated space for your communication - not necessarily a physical space, but a virtual zone where outside pressures can be left at the door - is essential for the removal of barriers to a productive, respectful, and empathic supervisor-registrar relationship.

Poor listening skills

"Most people do not listen with the intent to understand; they listen with the intent to reply."
Stephen R Covey

Communication is dynamic and interactive, and only successful in the supervision context when both parties participate - typically one speaking and the other listening in a way that fosters reflection.

Exploring and agreeing upon communication expectations at the beginning of the supervisor-registrar relationship will go a long way towards avoiding unnecessary conflict. This may include coverage, discussion and agreement about communication preferences (e.g. mode of communication), communication style (e.g. an explanation of what works and what doesn't) and communication safety (e.g. where and when important discussions will be held).

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Poor communication	What expectations does each party to the supervision relationship have regarding the 'what' and 'how' of 'communication' at the start of the placement? Has there been a discussion about communication expectations include discussion about 'poor' versus 'effective/good' communication? Are expectations around the 'who' and 'what' of communication assigned to the correct party - e.g. is communication of employment matters allocated to the practice manager or the supervisor? Has this expectation been communicated to the registrar?

APPROACH TO TEACHING

A common, arguably justifiable, refrain is that GP supervisors are at once the most resourceful and the most under-resourced component of vocational training in Australian general practice.

While research has found a majority of GP supervisors are motivated by an enjoyment of teaching and passion for the profession[25], a poor approach to teaching is cited as one of the top ten sources of conflict in the supervision relationship.

In this section, we explore some of the factors that tend to shape registrar perception of the supervisor's approach to teaching.

If a registrar believes that the answer to these questions is 'no', they may perceive the supervisor as having a 'poor approach to teaching'. While it is possible that registrars have unrealistic expectations about supervision, it may also highlight an opportunity for professional development.

Examine the alignment of teaching expectations between supervisors and registrars to avoid conflicts arising in relation to the supervisor's approach to teaching.

Continuous professional development

The following may be also used to guide reflective practice and discussion with registrars about teaching expectations[26]:

- Autobiographical lens: engage in self-reflection and become aware of your teaching style and aspects that are effective or that may need to be improved.

- Registrar lens: consider your teaching practice from the perspective of the registrar. Request feedback and engage with it reflectively and authentically.

- Practice manager lens: seek feedback from peers to facilitate growth and improvement.

There are many resources available to support the development of GP supervisors. These include courses and training programs and getting together with your peers via GP Supervisors Australia's networks, such as through LinkedIn, Twitter and Connect GP Supervisors Facebook Group. You can also connect with your regional Supervisor Liaison Officer (SLO) and other local GP supervisors.

REVIEWING EXPECTATIONS AGAINST IDENTIFIED SOURCES OF CONFLICT

Source of conflict	Expectation management to minimise conflict
Approach to teaching	What was identified and documented about the supervisor's expectations of their teaching role/responsibilities at the start of the placement?
	Do these align with the registrar's documented expectations? If not, was this discussed and clarified in the Expectation management checklist and agreement?
	Do the GP supervisor's documented expectations include regular and sensitive dialogue with the registrar in accordance with Element 5.1 of the GPCLE Framework?

Links to resources:

Guides to assist in the delivery of best practice GP supervision: https://gpsupervisorsaustralia.org.au/guides/

GPSA's top ten "training tips": https://gpsupervisorsaustralia.org.au/training-tips/

Teaching plans https://gpsupervisorsaustralia.org.au/teaching-plans/

Online learning modules https://gpsupervisorsaustralia.org.au/the-online-learning-modules/

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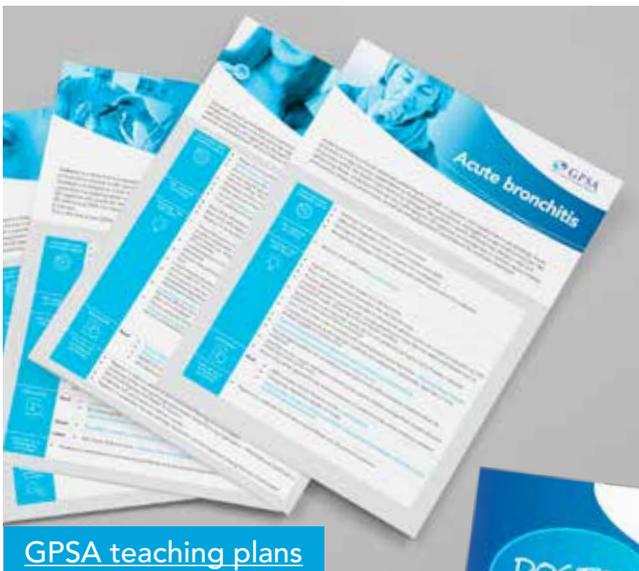# Free educational resources to assist and support supervisors in all aspects of their work and training

Regularly developed and updated, the GPSA educational resources cover topics related to supervision, teaching and assessment, as well as clinical content. They are available on the GPSA website: www.gpsa.org.au

GPSA webinars
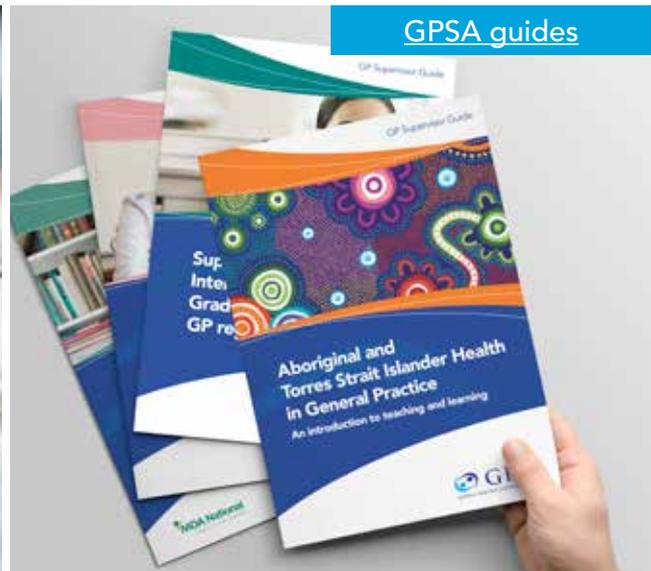
GPSA guides

GPSA teaching plans

GPSA podcasts

Also available:
- FAQs (webinar summaries)
- Flash cards
- Communication skills toolbox
- Online learning modules

To make it easier to access resources a catalogue has been developed featuring all GPSA clinical educational resources. You can access it here.

APPENDIX A

GPSA
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THE GENERAL PRACTICE
LEARNING ENVIRONMENT

Before the Registrar Starts

It is important to plan and prepare your practice before your registrar starts so they feel safe, welcome and ready to start on their first day. The following tables outline what tasks need to be performed, and the supporting resources, from 2-3 months before your new registrar starts through to their fourth week.

2-3 months before

KEY TASKS	KEY DOCUMENTS
☐ **Employment documentation** - Collect evidence of the registrar's medical indemnity certificate of currency, Medical Board of Australia registration, Working with Children Check (if required), police clearance (if required), and conduct reference checks. ☐ **Medicare Provider Number** - Ensure the registrar has applied, via their College, for a Medicare provider number for their placement. ☐ **Medicare documentation** - Download, complete and lodge required Medicare forms. ☐ **PRODA** - Encourage registrar to create a Provider Digital Access (PRODA) account and make the practice a delegate. ☐ **HPOS** - Encourage registrar to create a Health Professional Online Services (HPOS) account. ☐ **PSIS** - Encourage your registrar to create a Prescription Shopping Information Service (PSIS) account. ☐ **AIR** - Encourage your registrar to set up access to the Australian Immunisation Register (AIR) using their HPOS account. ☐ **Workcover** - Set up for Workcover and the Transport Accident Commission (TAC) or other, by State, as necessary.	• Employment contract • National Terms and Conditions for the Employment of Registrars (NTCER) • NTCER Frequently Asked Questions • Fair Work information statement • Superannuation standard choice form • Tax File number declaration • GP Registrar Position Description template • Personnel Form (Bank details, next of kin, address, etc.) • Online claiming provider agreement (HW027) • Provider registration for Electronic Funds Transfer payments (HW029) • Bank account details for Online Claiming (HW052) • General practitioner 90 day pay doctor cheque scheme (HW074) • Practice Incentives individual general practitioner, nurse practitioner or health professional details (IP003) • Practice Incentives change of practice details (IP005) • General Practitioner Aged Care Access Incentive Payment banking details form (IP011)

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1 month before

KEY TASKS

- ☐ **Meeting** - Meet with the registrar to identify strengths and weaknesses, learning and personal needs/adjustments, before arrival.
- ☐ **IT** - Ensure appropriate IT infrastructure has been ordered / is available, setup the registrar with logins, passwords, email.
- ☐ **Practice medical software** - Setup the registrar in your practice's medical software program, including an appointment book, ensure you have the registrar's health identifier number.
- ☐ **Electronic services** - Ensure the registrar is registered to certain electronic services such as Safescript (in Victoria), eRx, etc. and access to pathology and radiology providers so that electronic results can get back to the practice.
- ☐ **Translation services** - Ensure the registrar is registered for access to the Free Interpreting Service from the Department of Home Affairs.
- ☐ **Registrar profile** - Obtain the registrar's biography and a photo so that it can be put up on the practice's website.
- ☐ **Practice communications** - Add new registrar to staff list, emergency response plan. Include Include in practice handbook should one be available.
- ☐ **Rostering** - Complete roster. Discuss roster with registrar. Ensure there is in-practice formal structured teaching, send roster early to registrar - especially if working a Saturday etc.
- ☐ **Hospital** - Arrange admitting rights and emergency department credentialing to the local hospital(s) if required. Prepare information on retrieval processes and preparations.
- ☐ **Accommodation** - Consider accommodation arrangements (if applicable).

1 week before

KEY TASKS	KEY DOCUMENTS
☐ **Orientation pack/folder** - Put together for the registrar. ☐ **Bullying and harassment** - Provide all relevant policies to the registrar prior to their arrival, and then to ensure understanding, have the registrar complete a pre-work bullying and harassment questionnaire form. ☐ **Consulting room** - Ensure appropriately equipped. ☐ **Patient booking** - Make sure the registrar's profile is available on any public/online booking system so that patients can actually book in to see the registrar.	• Orientation Folder Contents Checklist • Bullying and Harassment questionnaire form

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Day 1

KEY TASKS	KEY DOCUMENTS
☐ **Orientation checklist** - Tick off things that have been completed, arrange and schedule further orientation for remaining items over the coming days / week. ☐ **Practice tour and introductions** - Conduct a tour of the practice, advise on building access, parking, lunch arrangements, introduce to other practice staff ☐ **Work health and safety** - Go over key health and safety issues including the use of duress alarms, fire escapes, toilets, kitchen, first aid kits, defib location, etc. ☐ **Consulting room** - Show registrar to their consulting room and allow time for familiarisation with the room, computer, etc. ☐ **Medical software** - Make sure the registrar has access to training links for the medical software and establish and plan/schedule for the registrar to go through and complete all appropriate training/s so they start to become familiar with the software.	• Orientation Checklist

By week 4

KEY TASKS	KEY DOCUMENTS
☐ **Plan learning** - Discuss your registrar's learning needs and help them plan; develop a supervision and teaching plan. ☐ **High risk consultations** - Conduct a risk assessment of the registrar's ability to deal with consultations known to be high risk, identify a clear 'Call for Help' list. ☐ **Local services** - visit local services and facilities such as pharmacy, pathology, radiology, physiotherapy. ☐ **Hospital** - Have the registrar attend an orientation to the local hospital including outpatients, accident and emergency and theatre, if appropriate. ☐ **Treatment room** - Arrange a session with the practice nurse and familiarisation with the treatment room and equipment. ☐ **Observation** - The supervisor should observe the registrar's consulting skills by sitting in for a few sessions. ☐ **Consultations** - Increase the number of consultations per hour according to the registrar's ability and level of comfort. ☐ **Employment supervision and pastoral care -** Hold a first meeting using the recommended template. Discuss the format and schedule of the meeting, and what it seeks to achieve. Aim to have one of these meetings every month. ☐ **Patient billing -** Ensure the registrar understands how patient billing works. Understanding how to bill requires dedicated time early on. ☐ **Registrar payslip -** Go over a payslip with the registrar. Discuss how things were calculated, what each parts of the payslip mean, and discuss the difference between billings and receipts.	• GPSA Planning Learning Guide • GPSA Registrar 4R Learning Needs Self-Assessment Tool • GPSA Practice-based Teaching Guide • GPSA Teaching Plans • GPSA Random Case Analysis Template • GPSA 'Call for Help' List • GPSA Monthly Meeting and Pastoral Care discussion template • GPSA Guide to Giving Effective Feedback • GPSA Guide to Bullying and Harassment: Pursuing Zero Tolerance

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APPENDIX B

Expectation management checklist and agreement

Who	The three parties to the supervision relationship: the GP registrar, GP supervisor, and practice owner/manager
What	Expectations of their own and each other's roles and responsibilities as parties to the supervision relationship
Why	To manage expectations and encourage open discourse and self-awareness to mitigate any negative placement experiences through unmet expectations/conflict
When	Before and during the placement

Identifying and communicating expectations are effective ways to build commitment in the workplace, but securing this commitment requires the conscious management of these expectations by all relevant parties.

After discussing and finalising expectations during the interview process, document these in the section provided below, then confirm them by way of signed agreement. This agreement provides a framework for the psychological contract underpinning the training placement, facilitating a proactive approach to conflict that may otherwise undermine it.

Expectation management checklist

This checklist has been created as a tool for enhancing the GP clinical learning environment[1]

WHO	
Have the roles of each party - registrar, supervisor, practice owner/manager - been clearly defined from the outset, and reinforced throughout the placement?	• Does the registrar have ready access to all the appropriate contacts in the practice? • Has back-up supervision (secondary supervisor/a supervision team) been established and introduced to the registrar to ensure consistency throughout the training term? • Does the registrar know who to go to for payroll matters? For assessment issues? for PPE?
WHAT	
Has the registrar been connected to the practice culture through the placement?	• Does the registrar understand how they contribute to the practice as a whole? • Does the registrar's training involve the whole practice team? If not, do they have a clear definition of where their training intersects with the practice business? • Does the registrar understand what is expected of them as learners/employees in the context of the practice's mission?

[1] Supporting Elements 1,3 and 5 of the GPCLE Framework

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Is the registrar being helped to become a better learner and doctor throughout the term?	• Is the registrar failing to ask for help? Is the supervisor checking in with the registrar to ensure their safety (and that of their patients)? • Is enough being done to ensure the registrar is seeing the mix of patients/presentations needed for their learning goals? • Is the registrar being given opportunities to engage with the wider practice community, e.g: visiting aged care facilities, networking with associated health professionals?
Does the registrar have access to working conditions that suit their personal needs?	• Is the registrar able to work flexible hours around personal commitments?

HOW	
Is the registrar getting enough recognition and appreciation?	• Will the registrar look back on their placement and remember only criticism and correction, or does the supervisor empower the registrar with encouragement and gratitude?
Is transparency a priority?	• Are there open channels of communication across the practice? • Is the supervision relationship underpinned by honesty and mutual respect?
Are the registrar's strengths being optimised?	• Has the registrar's non-clinical skills been put to use for the practice? o e.g: registrars who speak languages other than English might be able to help with patient communications; registrars with superior IT skills might be able to help other team members adapt to new systems
Is the supervisor more focused on professionalism than friendliness?	• How does the supervisor perceive the registrar? Colleague or subordinate? Qualified doctor or student? Can the supervisor be both friendly and professional?

WHEN	
Are the supervisor and practice manager approaching the new placement afresh, with all relevant information prepared in advance of the initial interview?	• Have the supervisor and practice manager met before the initial interview to note their respective expectations for the training placement? o NB: these responses should not be static; these expectations should reflect the true perspectives of the individuals in the supervision relationship rather than the roles and responsibilities that may be included in their Position Descriptions.

Has the registrar been encouraged to examine any preconceptions and set realistic expectations with the supervisor and practice manager before the placement begins?	• Have the new registrar's expectations been documented during the initial interview:
	  o Goals as an employee of the practice;
	  o Expectations of the supervision relationship - how they intend to contribute to this relationship, what they see as their obligations to their supervisor, practice manager and to other members of the wider supervision and practice team;
	  o Expectations regarding the employment relationship, highlighting their understanding of the distinction between supervisor responsibilities versus those of the practice manager?
	  o Have any discrepancies or misalignments between the three parties' expectations been discussed during the initial interview?

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Has the commencement of the placement been used as a time to collaboratively establish a roadmap for the placement with clear signposts that will be used throughout?	• Have the bases of any misconceptions been explored with the registrar and/or supervisor to encourage self-awareness and strengthen the supervision alliance at the commencement of the placement? • Have the practice expectations been clarified verbally and in writing at the commencement of the placement? • Have the registrar, supervisor and practice manager met at the commencement of the placement to discuss how their expectations will be managed and fulfilled? • Have the three parties' expectations been summarised below setting out the "how" of expectation management at the commencement of the placement?
Has commitment to the supervision relationship been checked against expectations throughout the placement?	• Have the registrar/supervisor/practice manager met regularly throughout the placement to review progress against the expectations summarised and agreed upon below? • Has the registrar been encouraged to challenge the supervisor's and/or practice manager's documented expectations regularly throughout the placement?

Expectations of parties to placement

a.	
b.	
c.	
d.	
e.	
f.	
g.	

Expectation management agreement

In addition to and underlying the above-listed expectations, we agree to the following set of principles as a framework for our relationship as parties to the training placement:

1. We will approach the placement with empathy and humility.
2. We will practice active listening with one another.
3. We will provide each other with honest, direct, and respectful feedback.
4. We will proactively address matters of potential conflict.
5. We will commit to making time to meet on a regular basis to revisit and assess progress against the above list of supervision and employment related expectations.

Date	

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APPENDIX C

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Employment and training check-in

Pastoral care and employment supervision review template

Employee Name: Date:

Priorities/observations since previous check-in

(To be completed before review, as applicable)

Primary supervisor comments	
Secondary supervisor comments	
Practice manager/owner comments	

TIPS

Ask, Listen, Address, Document, Inform: keep it simple and G.O.O.D.

Scaffolding the registrar is a whole-of-practice responsibility.

What one team member observes another may overlook: when the observation is of a registrar in distress, and this is neither communicated nor addressed, **a lack of documented process can put everyone in the practice at risk.**

Reviews can be undertaken by any authorised member of the practice team with a working relationship with the GP registrar (e.g., GP supervisor or practice manager) but ideally **all** key members of the team should contribute their comments ahead of the next review.

For best practice, it is recommended that these discussions are conducted and recorded on a monthly basis.

The questions in the coloured boxes are intended as prompts to guide a constructive discussion with GP registrars about Goals, Opportunities, Obstacles and Decisions; the grey boxes provide space to document your observations and highlight any red flags/ follow-up needed.

By making these reviews a regular, non-threatening part of the registrar's employment, this 15-30 minute check-in can save hours of frustration and/or conflict resolution through the early identification of any brewing issues or misaligned expectations.

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G	**GOALS**

How have things gone since we last spoke?
What are you enjoying about the job?
Tell me about your achievements this past month?
How have you been going with your work-life balance?
Provide feedback and document it: Registrar's positive contribution?

Team, workplace culture, performance	●
Improvement since previous month	●

O	**OPPORTUNITIES**

What can we do to make this a better learning environment for you?
What specific training or assistance would have made the last month better for you?
Can you identify any help or supports that would make things easier for you?
Are there any directions you feel unclear about?
Provide feedback and document it: Registrar's suggestions/needs?

Team, workplace culture, progress	●
Clinical, professional training, college, RLO	●

O	**OBSTACLES**

Could anything be impacting your work / training?
Do you have any concerns in terms of safety?
Do you feel unsure or frustrated about anything?
Are you having any interpersonal issues we can help with? Are you feeling bullied at all?
Provide feedback and document it: Any concerns or roadblocks?

Progress, behavioural, professional skills	●
Complaints made by team, patients	●

D	**DECISIONS**

What have you learnt about yourself this past month?
What can you do to improve your experience / relationships at work?
What can we do to help make next month (even) better?
How can we summarise your goals for the next month?
Provide feedback and document it: Outcomes and areas that need attention?

Areas needing focus for employment, training	●
Impact (if any) or registrar's reflections	●
Attitude toward feedback	●

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If you intend to become a GP supervisor we can support you.

GP Supervision Australia is all about supporting a sustainable future for GP supervisors and the future GP workforce. We do this by supporting and representing the views of GP supervisors nationally.

As a grassroots membership organisation we are interested in our members' views on a range of topics including:

- Red tape reduction,
- Enablers and barriers to GP training,
- Quality training practices and outcomes,
- National employment terms and conditions for GP registrars, and
- Government and industry policies.

GPSA ensures these views are used to inform structural and policy change in the industry by sharing your experiences with funding and industry bodies, politicians and ministers.

However our voice, and therefore your voice, is only as strong as our membership! Membership is free and your membership details will not be shared.

As a member you can access:

- Webinars on a range of relevant topics for GP supervisors,
- Best practice guides,
- Independent mentoring for new GP supervisors,
- Regular eNews updates,
- Employment contract templates,
- Funding submission support, and legal advice, through our partner organisations,
- Join the Connect GP Supervision Network Facebook group for networking and peer support.

Becoming a member is simple.
Just visit gpsa.org.au and click 'become a member.'

So what are you waiting for? Become a member today and reap the rewards!

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T: 03 9607 8590

E: admin@gpsa.org.au

W: gpsa.org.au

A: PO Box 787 Gisborne Vic 3437

 facebook.com/GPSupervisors

 twitter.com/GPSupervisors